2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05044

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

TITLE

HOLLYWOOD FL

TONER, EAMON

321 OREGON STREET

HOLLYWOOD FL 33019

Cooper, Beverly

duwood.

TOWNHOME ASSOCIATION OF OREGON STREET, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90162 007 ****61.25

| | | | | OWE S | | | | |
|---|---|--|-----------------|--------------------------------|--|--|-------------------------|--|
| 321 OREGON STREET 321 | | Mailing Add 321 OREGON HOLLYWOOD | STREET | | | | | |
| | | | | | | Bi sirki boih biski sidi skot biski | 81811 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | - City & State | | | 4. FEI Number 59 | 4. FEI Number 59-2443123 Applied For Not Applicable | | |
| Zip Country | | Zip | | Country | 5. Certificate of Status Desired S8.75 Ao | | \$8.75 Additional | |
| | 6. Name and Address of Curre | ent Registered Age | nt | | 7. Name and Add | 7. Name and Address of New Registered Agent | | |
| | ······································ | ä | | Name | | | <u> </u> | |
| TONER, EAMON 321 OREGON STREET | | d (| | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
| HOLLYW | OOD FL 33019 | | | | | | | |
| | | ŧ | ÷ . | | FL Zip Code | | Zip Code | |
| 8. The above | e named entity submits this statemen | t for the purpose of | changing its re | gistered office or re | gistered agent, or both, in t | he State of Florida. I am fa | miliar with, and accept | |
| the obliga | itions of registered agent. | | | | _ | | | |
| | | • | | | | • | | |
| SIGNATURE | | · · · · · · · · · · · · · · · · · · · | · | | | | | |
| <u> </u> | Signature, typed or printed name of registered ag | ent and title if applicable. | (NOTE: Ri | egistered Agent signature r | equired when reinstating) | DATE | | |
| FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont | | | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIRECTORS 11 | | | 11. | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D HERSHMAN, LAWRENCE | X | Delete | TITLE | | | Change Addition | |
| NAME STREET ADDRESS | 1315 OREGON ST. | | | NAME | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | STREET ADDRESS | | | | |
| | D | | | City-St-Zip | | | | |
| TITLE | MAGARO, DENNIS | | Delete | TITLE | | 1 | Change Addition | |
| NAME STREET ADDRESS | 305 OREGON ST. | | | NAME | | | | |
| STREET ADDRESS | JOUG CHEMON SI. | | | STREET ADDRESS | | | | |

NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

TITLE

☐ Delete

Delete

☐ Delete

Delete __.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE REQUIRED

Cooper

☐ Change

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

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☐ Addition